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Chapter 13 Trustee

6308 Iola Avenue Lubbock, TX 79424 (806) 748-1980 Phone (806) 748-1956 Fax

IN THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS WICHITA FALLS DIVISION

DAVID LEON WAGNER & BETTY HERNANDEZ WAGNER

CASE NO. 09-70639-HDH-13

AKA1: AKA2: BETTY HERNANDEZ PEREZ WAGNER

DBA1: DBA2:

| S#1: xxx-xx- 6074 SS#2: xxx-xx- 4541 | | | | | | | |
|--|-------------------|------------------|------------------------|---------------|-----------------|--|--|
| | REPORT OF 3 | 341 MEETING | ì | | | | |
| I. 341 MEETING REPORT: | | | | | | | |
| A. Orig. Date: <u>1/21/2010</u> Orig. Time: | 11:00 AM | Reset Da | ite: | Reset Tim | e: | | |
| B. Meeting Results: Adjourned | | | | | | | |
| C. Debtor(s): <u>Debtor 1 Appeared</u> | <u>Del</u> | otor 2 Appeared | <u>1</u> | | | | |
| D. Attorney for Debtor(s): <u>Appeared</u> | | | | | | | |
| E. Creditor Appearance: None | | | | | | | |
| F. Amount Paid to the Trustee as of | 1/21/2010 | <u>\$190.00</u> | First Payment | Due Date: | 1/16/2010 | | |
| G. File Trustee's Motion to Dismiss becau | ıse | | | | | | |
| H. B22C Information: B22C Form is | | | | | | | |
| Budgeted Income: \$1,552.9 | - | <u>\$1,</u> | 362.93 Sur | olus: | <u>\$190.00</u> | | |
| Plan Payment: \$190.00 Month | | | | Plan Term(| · — | | |
| I. Value of Non-Exempt Property: | <u>\$0.00</u> Pro | pposed Amount | to Unsecured (| Creditors: | <u>\$0.00</u> | | |
| Objection to Exemption of: | | | | | | | |
| Repeat Filing (If case dismissed | | prejudice) Pre | evious Case Nur | nbers: | | | |
| Object to Invoke Stay Plea | • | 4/04/0040 | Data Camuanta | d from Chant | 7· | | |
| Case Converted from Chapter 7 | bai Date Set. | <u>4/21/2010</u> | Date Converte | и пот Спарк | ər 7. | | |
| J. Required Information: Good | | | | | | | |
| K. Business Information: | | | | | | | |
| L. Object to Confirmation: No | | | | | | | |
| None at this time | | 5.1. | | | | | |
| | or 1 Appeared | <u>Debtoi</u> | r 2 Appeared | | | | |
| N. Eligibility: Certificate of Credit Counseling File | ed: Roth Debto | or 1 and Debtor | 2 | | | | |
| Credit Counseling Provider Approv | | n i ana Debtor | <u>z</u> <u>Yes</u> | | | | |
| Debt Limits Exceeded (Secured-\$7 | | cured-\$336.900 | · <u></u> | | | | |
| O. Domestic Support Obligation: | | Current: | · | ears: | \$0.00 | | |
| Affidavit and Disclosure of Domest | | | d: Yes | | <u> </u> | | |
| P. Remarks: Good -Thank You | 0 | | | | | | |
| Dated: <u>1/21/2010</u> | | | /s/ V | Valter O'Ches | skey | | |
| | | | Standin | g Bankruptcy | Trustee | | |
| | | | By: | Brent Hage | en | | |

Case 09-70639-hdh13 Doc 12 Filed 01/21/10 Entered 01/21/10 11:22:29 Desc Case Number: 09-79639e 2 of 3 Debtor: Wagner MJW Attorney: Presiding Officer: **Brent Hagan Calculation Date:** 1/21/2010 9:34 Domestic Support Input name from Plan **Arrears** Int. Rate Term **Calculated Monthly** Total Pmt. Per Term of **Enter amount from Plan Enter from Plan** Per Plan **Payment** Plan \$0.00 \$0.00 \$0.00 0.00% 1 1 S0.00 S0.00 0.00% S0.00 Value/Claim Amount Int. Rate Term Calculated Monthly Total Pmt. Per Term of Secured Creditor/Collateral Input name from Plan Enter amount from Plan **Enter from Plan** Per Plan **Payment** Plan \$0.00 0.00% \$0.00 \$0.00 \$0.00 \$0.00 0.00% \$0.00 \$0.00 0.00% 1 \$0.00 \$0.00 1 \$0.00 0.00% \$0.00 \$0.00 \$0.00 0.00% 1 \$0.00 \$0.00 \$0.00 0.00% 1 \$0.00 \$0.00 \$0.00 0.00% 1 \$0.00 \$0.00 \$0.00 0.00% 1 \$0.00 \$0.00 \$0.00 0.00% 1 \$0.00 \$0.00 0.00% 1 \$0.00 \$0.00 \$0.00 Calculated Monthly Total Pmt. Per Term of Term **Priority Creditor** Value/Claim Amount Input name from Plan Enter amount from Plar Per Plan Payment Plan \$0.00 \$0.00 \$0.00 \$0.00 1 \$0.00 S0.00 \$0.00 1 \$0.00 \$0.00 \$0.00 \$0.00 1 \$0.00 \$0.00 1 \$0.00 \$0.00 \$0.00 1 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 **Attorney Fees** \$2,719.00 \$2,719.00 Paid Through the Plan Noticing Fees \$78.96 \$78.96 Clerk Filing Fees \$0.00 \$0.00 \$0.00|<-----**Hardacre Minimum** Chapter 7 Minimum (Gross) \$0.00 Less Trustee Fees \$0.00 Less Attorney Fees \$2,719.00 Greater Of -----> \$78.96 **Less Noticing Fees** \$0.00 Less Clerk Filing Fees \$0.00 Less Scheduled Priority Claims \$0.00 Less Other (Explain Below) \$0.00 \$0.00 Chapter 7 Minimum (Net) Total Scheduled General Unsecured Claims (Limits Greater of Hardacre or Chapter 7 Minimum) \$39,672.01 \$3,100.07 Calculated Base (Admin, Secured, Priority, DSO, Lower of Minimum or Sched U/S & Trustee Fee) \$6,840.00 **Debtor Plan Base (Monthly Payment X Term)** Surplus (Debtor Plan Base - Calculated Base) \$3,739.93

Comments:

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|-------------|---------------------|--------|-------------------------------|---------------------------|------|
| Case Numl | ber: | | rage o or o | 0 | |
| Debtor: | | | | 0 | |
| Attorney: | | | | 0 | |
| Presiding (| Officer: | | | 0 | |

1/21/2010 9:34

| Schedule I Gross Income | \$0.00 |
|--|--------|
| Less Line 57 B22C | \$0.00 |
| | |
| Adjustments (Enter as positive to add, negative to subtract) | |
| | |
| | |
| | |
| | |
| | |
| Adjustment out | \$0.00 |
| | |
| Month Disposable Income Available | \$0.00 |
| Multiplier | 60 |
| Minimum to Unsecureds | \$0.00 |

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Calculation Date: